

SPECIAL CARE CENTER DIRECTORY UPDATE FAX COVER SHEET

To: Provider Services Unit
Children's Medical Services Branch

Contact Person Name: _____

Hospital: _____

Fax: 916-322-8798

SCC Type: _____

SCC Number: _____

Phone: _____

Email Address: _____

Date: _____

Total Pages: _____

Printed name of Medical Director

Signature of Medical Director

DIRECTIONS FOR UPDATING SPECIAL CARE CENTER DIRECTORY LISTING

1. Find and print your SCC directory listing in the Special Care Center section of the CCS website (www.dhs.ca.gov/ccs).
2. Write the changes (**including** additions or removals of staff) directly on your SCC directory listing. Print clearly with dark ink. Use an additional sheet of paper if necessary.
3. If staff have been added to or removed from your SCC directory listing, supply their Individual Medi-Cal Provider number(s), specialty, and effective date(s) using the table below. For non-physician providers with no Individual Medi-Cal number, supply their professional license number.

Name	Specialty	Individual Medi-Cal Prov. Number	Professional License Number	Action	Effective Date (mm/dd/yy)
				<input type="checkbox"/> Add <input type="checkbox"/> Remove	
				<input type="checkbox"/> Add <input type="checkbox"/> Remove	
				<input type="checkbox"/> Add <input type="checkbox"/> Remove	
				<input type="checkbox"/> Add <input type="checkbox"/> Remove	
				<input type="checkbox"/> Add <input type="checkbox"/> Remove	

4. Complete the top portion of this cover sheet. The Medical Director **must** sign this cover sheet.
5. Fax the completed cover sheet **and** your edited SCC directory listing to 916-322-8798.

CMS USE ONLY

Received: _____

Entered in database: _____

Regional Office Approval: _____

Sent to pending: _____

Notes: _____
